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ı	Under the	paperwork Re	eduction Act of 1995, no persons ar	e required to respond to a	collection of i	nformation unless	if displays	a valid OMB control number	
400	ITION	FOR EXT	ENSION OF TIME UND	ER 37 CFR 1.136(a) Do	cket Number (O	ptional)	701039-051500-C	
				In re Application of	Evan Y.	Snyder, et a	1.		
				Application Number	09/	939,476	Filed	August 23, 2001	
	FOR ENGRAFTABLE NEURAL PROGENITOR AND STEM CELLS FOR BRAIN TUMOR THERAPY								
				Art Unit 163	36	Examiner	NGU	YEN, QUANG	
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):								
		One mon	th (37 CFR 1.17(a)(1))					\$	
		Two mon	ths (37 CFR 1.17(a)(2))					\$	
	X	Three mo	onths (37 CFR 1.17(a)(3))					\$930.00	
		Four mor	nths (37 CFR 1.17(a)(4))					\$	
		Five mon	ths (37 CFR 1.17(a)(5))					\$	
X	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465.00								
X	A che	ck in the	amount of the fee is encl	osed.					
	Paym	ent by cre	edit card. Form PTO-203	8 is attached.					
	The Director has already been authorized to change fees in this application to a Deposit Account.								
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number								
	I have	e enclosed	d a duplicate copy of this	sheet.					
	l am	the 🗌	applicant/inventor.						
			assignee of record of the Statement under 37	CFR 3.73(b) is end	closed (F	orm PTO/SB			
		\mathbf{x}	attorney or agent of rec	ord. Registration N	lumber <u>3</u>	4,235/37 CF	R §10.9	(b)	
			attorney or agent under Registration number if ac		(a)		<u>_</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
	_	415	Posy Date			Signat	ure	1 COL	
	_		345-6057/1367 Telephone Number	<u></u>	David S	. Resnick/Le Typed or prin			
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
i	Total	of	form	is are submitted.					